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THE

HISTORY

OF AN

EXTRAORDINARY

INTROSUSCEPTION.

By JOHN COAKLEY LETTSOM, M. D. F. R. S. and A. S.

WITH AN

ACCOUNT OF THE DISSECTION.

By Mr. THOMAS WHATELY, SURGEON.

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Dr. Wilkering

&c. &c. &c. Mr. Whatelys best respects

Hiſtory and Diſſection of an extraordinary Introſuſception.

By John Coakley Lettſom, *M. D. F. R. S. and A. S.*

Read at the Royal Society, March 16, 1786.

A. B. a child four years old, was firſt indiſpoſed about the middle of September, 1784. When I was conſulted, which was on the 7th of October, the ſymptoms reſembled thoſe of a cholera morbus. At this period, however, the diarrhœa had ceaſed; but the patient continued frequently to vomit, eſpecially after taking nouriſhment.

On the 20th a dyſentery ſucceeded, with mucous and bloody ſtools, which ceaſed after a few days continuance, when ſhe nearly recovered her former ſtate of health, without even reaching after her uſual food. She was now removed into the country; and I did not hear of her again till December, when ſhe was brought to town, on account of the return of the dyſentery, which was, at this period, accompanied with a troubleſome teneſmus, and a conſiderable degree of fever.

By anodyne medicines, and the uſe of opiate clyſters, theſe complaints were occaſionally moderated, and ſometimes they totally ceaſed for a few days, but ſeldom longer, and the intervals of relief gradually ſhortened; the attacks became alſo more violent, commencing with violent rigors, and fever ſucceeding; the pulſe grew weaker and weaker, and the patient became extremely extenuated in fleſh; and towards the concluſion of this month,

month, after repeated vomitings of a dark-coloured fluid, like coffee grounds, it finiſhed its painful exiſtence.

Bleeding, before the debility was become alarming, afforded no material reſpite. Fomentations to the abdomen, and tepid bathing of the whole body, were equally ineffectual. Anodyne ſtarch clyſters afforded ſome truce, but it could not be durable; the nature of the miſchief was too momentous to afford any hope of permanent relief, as the diſſection after death will evince.

Examination of the Body after Death, by Mr. THOMAS WHATELY, *Surgeon.*

Upon expoſing the cavity of the abdomen, the ſigmoid flexure of the colon immediately preſented itſelf to view, enlarged to the ſize of that of an adult, as alſo a large diſtended inteſtine appearing to be at firſt view a continuation of the tranſverſe arch of this gut; and at the place where this ſeeming arch joined the ſigmoid flexure, there appeared a firm or tight band, as if ſurrounding the inteſtine, and here it was ſtrongly bound down.

On a nicer inſpection this arch was found to be a portion of the ileum, which paſſing within the band was incloſed in the ſigmoid flexure of the colon.

All the parts between this portion of the ſmall inteſtines and the ſigmoid flexure, amongſt which were the caput coli, cæcum with its appendix, and the whole of the great arch of the colon, could no where be ſeen. The want of theſe parts, the enlarged ſize of the ſigmoid flexure, and the hard feel evidently ſhewing that it contained ſome ſubſtance, left no room to doubt, but that all the miſſing portion of the inteſtines

was

was contained within the ſigmoid flexure. A finger introduced into the anus felt a round ſubſtance in the rectum, with an opening in the middle, not unlike the os tincæ. This ſubſtance did not adhere, the finger paſſing round it freely, between it and the internal coat of the rectum. The liver, the urinary bladder, and ſmall inteſtines, were the remaining parts which firſt appeared when the parietes of the abdomen were turned back.

Upon looking for the omentum, a portion of it only was found attached to the ſtomach, the remaining part evidently paſſed within the band into the ſigmoid flexure.

The ſtomach was tied much cloſer to the ſpine than natural, by the diſplacing of the omentum and great arch of the colon. The gall bladder was as large as that of an adult, and was full of thin bile, but without obſtruction to its paſſage into the duodenum.

The general external appearance of all the inteſtines was natural, except ſlight inflammation in ſome places.

The cavity of the abdomen alſo contained more than half an ounce of thin pus; and on the right ſide were two ligamentous peritoneal ſubſtances, very much on the ſtretch; one formed by an extenſion of that part of the peritoneum called ligamentum * coli dextrum; the other at the place where the colon is connected to the peritoneum over the right kidney.

As the further inveſtigation of this uncommon diſeaſe required particular attention, I cut out all the parts connected with it, bringing away the whole ſigmoid flexure of the colon,

* I have obſerved, that in ſome children the caput coli is naturally connected much more looſely than in others. It is probable, that the preſent caſe was one of thoſe.

with

with the rectum, anus, uterus, and bladder; alſo a part of the arch of the ileum with the omentum, and a portion of the ſtomach and duodenum.

The Drawing * (Tab. VII.) was taken by Mr. POLE, Surgeon, of the natural ſize, and the ſmall inteſtines added from a ſketch I made before the parts were removed from the body.

I then made a longitudinal inciſion through the coats of the ſigmoid flexure of the colon, from the anus to the band at its upper part. Within the cavity, which was lined with mucus, appeared a large inteſtine, taking on the form of the ſigmoid flexure, which on examination proved to be the great arch of the colon and the cæcum inverted; ſo that the villous coat was external, and in contact with the villous coat of the ſigmoid flexure, through the whole extent of both; at the extremity of which inverted inteſtine were two apertures, viz. the large one felt by the finger *per anum*, and a ſmaller one.

It now plainly appeared, that the band was formed by the upper part of the ſigmoid flexure being drawn tight by the inverſion of the part of the colon immediately above it, the further progreſs of which was prevented by the peritoneal connections at that place not giving way; which cauſed it to appear as a band tying the inteſtine down.

This incloſed inteſtine was very much diſeaſed, the upper part next the band being highly inflamed, and as it approached the caput coli in the rectum gradually terminated in mortification, ſo that for three inches from its extremity it was perfectly black.

No adheſion whatever appeared between the coats of theſe inteſtines, as this inverted colon might be lifted out of the ſigmoid flexure to the band.

* Mr. BASIRE very accurately reduced the ſcale under my own inſpection from which the engravings are taken.

Upon

Upon cutting through the coats of this inverted inteſtine it was obſerved, that they were very much thickened and diſeaſed; the enlargement of the gut, which was fully equal to that of an adult, conſiſting chiefly in a thickening of its various muſcular fibres *. The peritoneal coat, now become its internal ſurface, was every where highly inflamed, but not black as on the outſide, the inflammation gradually increaſing from the band to the extremity of the cæcum. Through the whole length of its cavity was included a portion of the ileum uninverted, with its connecting meſentery, which communicated with the larger aperture above deſcribed at the extremity of the cæcum, and with the arch of the ileum above the band. It was contracted in ſize, but was nearly free from thickening or inflammation; ſome adheſions only connected it with the coats of the colon; but the portion above the band was at leaſt four times as large, thus reſembling in magnitude as well as occupying the place of the great arch of the colon. Beſides this inteſtine, this cavity contained a portion of the omentum continued from that above, paſſing within the band, and extending half-way to the rectum; an enlarged cluſter of meſenteric glands, of the ſize of a pigeon's egg, which juſt emerged from under the band, and were connected with a portion of the meſentery above; and, at the lower part, the appendix vermiformis larger and longer than natural, but likewiſe uninverted, the mouth of the cavity of which formed the ſmaller opening in the cæcum before mentioned. It was at this point of the diſſection that the ſame ingenious Surgeon drew the figure, tab. VIII.

* The increaſed action of theſe muſcles, neceſſarily attendant on their inverted ſtate, would increaſe the ſize of their muſcular fibres, as happens in the bladder, when it acts frequently.

As

As long as the parts had been in this very uncommon ſituation, the fæces muſt have paſſed through the valve of the colon, directly into the very loweſt part of the rectum, without ever coming in contact with any portion of the large inteſtines.

And in the laſt week of the child's life, when a prolapſus frequently happened, the fæces paſſed directly from the ileum into the night-ſtool.

The arch of the ileum, in default of that of the colon, formed the reſervoir for the fæces; which, with the partial interruption to their paſſage by the ſtricture occaſioned by the band, probably cauſed its enlargement. But the fæces contained in it were of a thinner conſiſtence, and wanted the fætor uſually met with in the colon.

EXPLANATION OF THE PLATES.

TAB. VII.

A general view of the inteſtines, in the ſituation in which they appeared on firſt opening the body,

aa. The enlarged ileum, putting on the appearance of the great arch of the colon.

b. The ſudden enlargement of the ileum.

c. The ileum paſſing within the band into the colon.

d. Part of the omentum paſſing within the band.

e. The inteſtinal band, formed by the inverſion of the great arch of the colon immediately above it ceaſing at this place.

ff,

ff. The ſigmoid flexure of the colon, containing the introſuſcepted portion of the alimentary canal.

g. The rectum diſtended with the ſame.

h. The anus.

ii. Small inteſtines of the natural ſize and healthy appearance.

TAB. VIII.

The ſame view, with the ſigmoid flexure laid open, and the edges turned back, to ſhew the contained parts; and likewiſe the introſuſcepted colon laid open, to diſplay the uninverted ileum and appendix vermiformis contained within it.

a a a a. Internal ſurface of the ſigmoid flexure of the colon ſpread open.

b b b b. The external ſurface (by the inverſion now become internal) of the great arch of the colon within the ſigmoid flexure ſpread open.

c c. Part of the ileum uninverted.

d. Appendix cæci uninverted.

e e. A probe piercing the diſtended ileum, paſſed within the band, and brought out in another portion of the ileum, contained within the inverted colon below the band.

f f. A blow-pipe paſſed through the valve of the colon, where it opened into the rectum, and brought out through the coats of the ileum above.

g g. A probe paſſed into the natural opening of the appendix cæci, and brought out above.

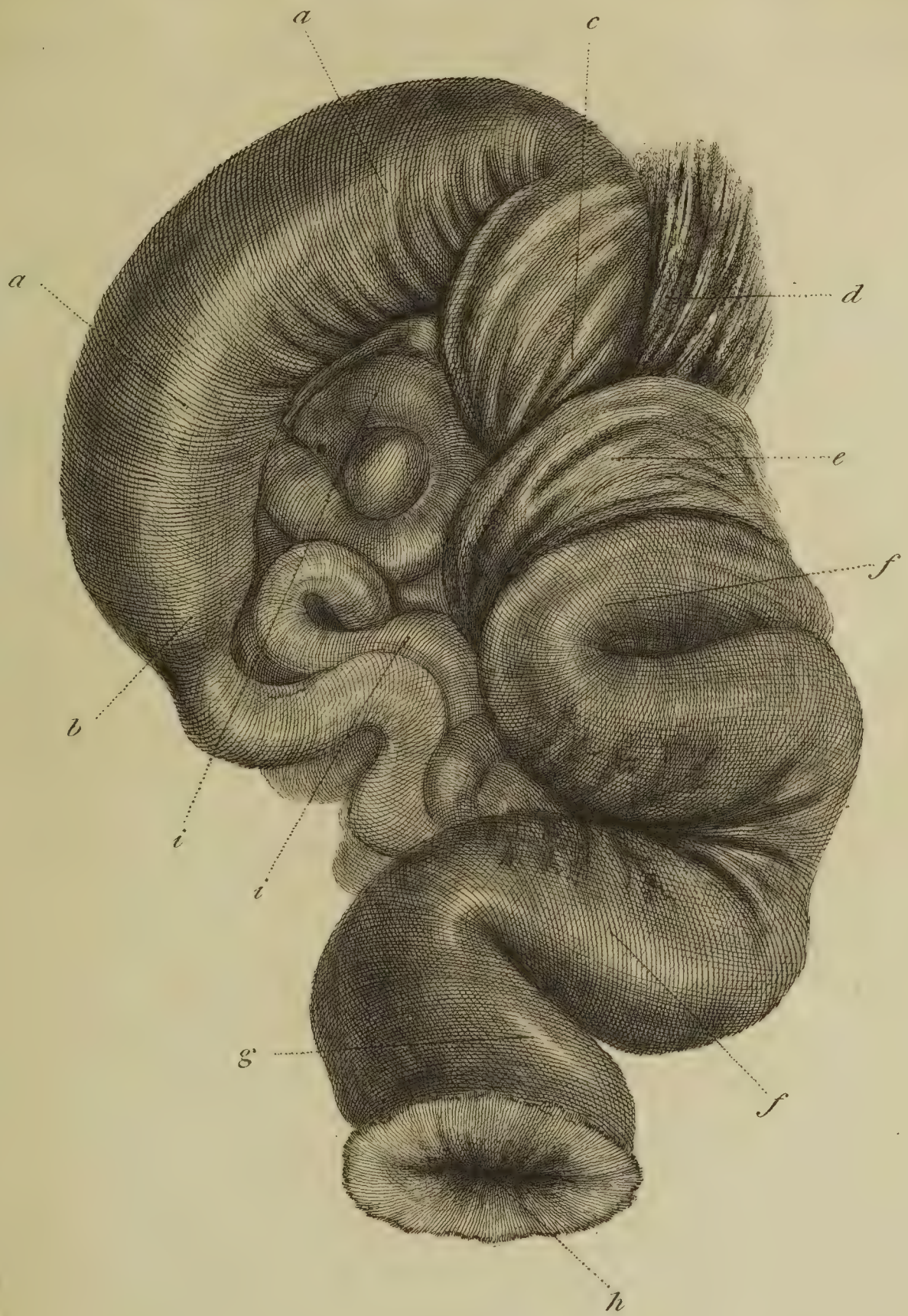
h h. The cæcum inverted.

i. Part of the rectum.

k. The anus.

l. Part of the omentum, attached to the peritoneal furface of the great arch of the colon, and continued from the portion above.

m. The cluſter of enlarged meſenteric glands.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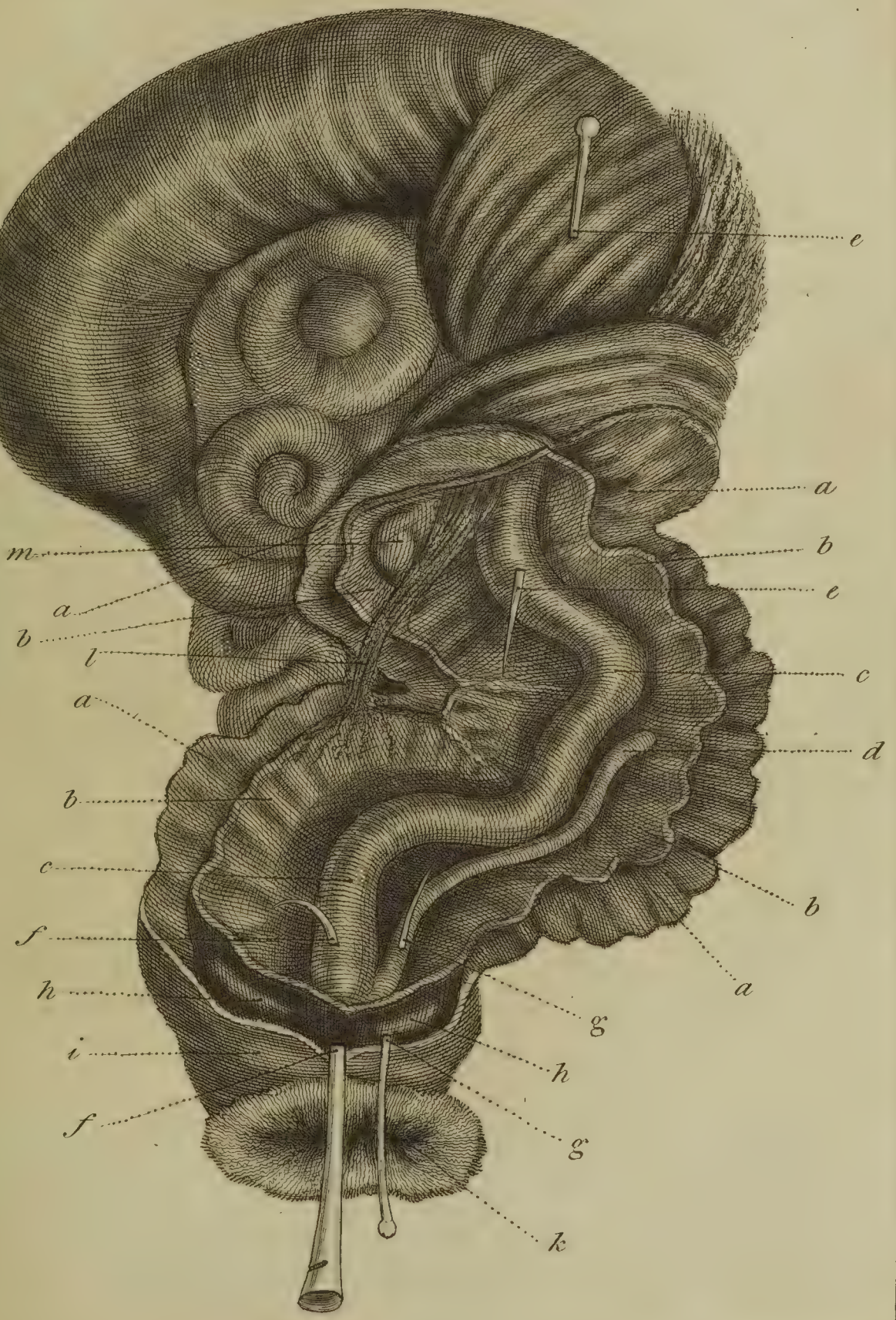
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Vaginae vteri relaxationem eiusque prolapſum, tum in virginibus, tum in feminis quae cum viro commercium habuerunt, tum quoque in grauidis et puerperis non raro obſeruari, iis inprimis, qui artem obſtetriciam ipſi exercent, cognitum eſt; videtur tamen hic morbus in obſtetriciorum ſcriptorum libris non ita expeditus eſſe, vt ſuperflua ſit ſuccincta eius hiſtoria obſeruationibus ſuperſtructa.

Eſt autem vaginae ſtructura ea, vt praeter vaſa et nerucа filamenta numeroſa, quae ipſi inſunt, praecipue ex tela

celluloſa, ſtipata, dilatabili, quae externe, in ſuperiori vaginae extremitate, obtegitur peritonaei continuatione, in inferiori vero extremitate fibris muſcularibus a leuatoribus ani eiusque ſphincktere externo profectis inſtructa eſt. Interiorem vaginae ambitum circumueſtit membrana rugoſa dilatabilis, laxiore celluloſa tunicae modo deſcriptae annexa, epidermidis continuatione manifeſte enata.

Haec igitur, quam diximus, rugoſa membrana, ob laxiorem ſuum cum ipſa vagina nexum, facile relaxatur et prolabitur, adeo, vt, vel tumorem in ipſa vagina efficiat, vel extra labia pudendorum haereat et externe in conſpectum veniat. Illud vocamus vaginae relaxationem, ſiue prolapſum *incompletum*, hoc vero *completum*, qui, ſi tota vaginae membrana rugoſa elabitur, *vniuerſalis*, et ſi aliqua tantummodo eius pars egreditur, *partialis* nobis audit.

Quum autem tota vaginae tunica interna prolabi nequeat, absque vteri ipſius, cui vagina adhaeret, deſcenſu, nec etiam absque vrethrae et ipſius veſicae vrinariae quadam diſtenſione et dislocatione, ſequitur, nullum dari vaginae prolapſum *ſimplicem*, niſi partialis ſit, et vniuerſalem procidentiam ſemper eſſe *complicatam*.

Signa, quibus vaginae prolapſus dignoſcitur, ea ſunt, vt tactus exploratione tumorem in ipſo vaginae pariete, aut vero rugas elongatas et prominentes ſentiamus, vteri autem ſegmentum inferius in ſitu naturali deprehendamus, ſi nempe

pe relaxatio vaginae aut prolapſus partialis incompletus et ſimplex adeſt. Idem prolapſus, ſi completus eſt, tactu et viſu facile dignoſcitur: prominet enim extra vaginam ruga aut quaſi plica cutanea, quae, decumbente femina, ſponte retrocedit aut facile reponitur, eadem vero pedibus inſiſtente denuo elabitur et elongatur. In hoc caſu, vt et in priori, ſegmenti vteri inferioris ſitus non a naturali recedit. Differens vero eſt ratio prolapſus vaginae completi et vniuerſalis, in quo tubus cutaneus, farciminis quaſi in modum, e pudendis dependens cernitur. Peruius eſt hic tubus, ſanguini menſtruo effluenti viam praebet, et digitum explorantem ad vteri vſque ſegmentum inferius, quod e naturali ſede delapſum eſt, admittit; reponitur etiam absque difficultate, ſi nimirum non adeſt tumor inflammatorius, qui quo minus id fieri poſſit impediat.

Accidit enim, vel ſola veſtimentorum frictione et irritatione, vel humorum ex quacunque cauſſa affluxu, vel etiam ſub partu, ſi caput infantis in ipſum vaginae prolapſum deſcendit, vt eius moles mirum in modum creſcat. Tum vero non tubum format, ſed corpus pyriforme, duriuſculum, carni crudae ſimillimum, ampliori et inferiori in loco perforatum, ſtylum exploratorium in ipſum ſuum cauum admittens, et ipſius vteri procidentiam quodammodo referens. Hinc quoque factum eſt, vt eiusmodi prolapſus vaginae medicis et chirurgis quibusdam ita impoſuerit, vt eum pro vera vteri procidentia habuerint, cuius rei exempla nonnulla

in obſeruatorum ſcriptis occurrunt *), quem tamen errorem euitabis, ſi ad ea ſigna, quibus vteri procidentia a vaginae prolapſu diſtinguitur, animum conuertas. In illa nimirum tumor, qui e verendis dependet, ſuperne latior et craſſior, inferne autem, vbi perforatus eſt, tenuior atque anguſtior deprehenditur, ſtylusque exploratorius ad latera iſtius tumoris intra pudendorum labia immiſſus libere aſcendit; in hoc vero, tumor ita dependet, vt eius latior pars inferiora, anguſtior autem ſuperiora ſpectet, ſtylusque exploratorius ad latera ipſius intra pudendorum labia immiſſus libere non aſcendat, ſed eam vaginae partem, quae vteri ſegmento inferiori adhaeret, mox offendat. Nec quoque, ſi ad ea, quae ſupra indicauimus, attendas, eiusmodi vaginae prolapſum commutabis cum vteri inuerſione, aut polypo, aut ſarcomate, peculiaribus ſuis ſignis inter ſe diſtinguendis, quae ſingulatim exponere huius loci non eſt.

Ad CAVSSAS prolapſus vaginae in genere ea pertinent, quae tunicam internam ſiue rugoſam vaginae relaxare et prolongare eiusque nexum cum ipſa vagina debiliorem reddere valent. Huc igitur referas fluorum album diuturnum et inueteratum; menſtruorum profuſionem iteratam; ponderis grauioris eleuatio-

*) Vid. IOH. V. MEEKREN, in *obſeruat. medico - chirurg.* cap. 54. WIDMANN in *Ephem. Nat. Cur.* Cent. VIII. obſ. 98. Fuerunt etiam, qui vaginae prolapſum ingentem cultro reſecantes, ipſum vterum ſe abſcidiſſe putarent, iſtasque feminas, vtero licet deſtitutas, concipere et fetum edere nihilominus potuiſſe affirmarent. Conf. HEISTERI *inſtitut. chirurg.* part. II. ſect. V. cap. 158.

tionem et ſuſtentationem; commotiones et niſus corporis vehementiores, quales fiunt ſaltatione, riſu immoderato, lapſu, tuſſi, vomitu rel.; aerumnoſam alui depoſitionem; titillationem libidinoſam digiti immiſſione peractam; coitum nimium; abuſum balneorum calidorum et remediorum emollientium externorum; violentias in difficili partu vel obſtetricis manu vel capite infantis praegrandi vaginae illatas; neglectum a partu decubitum et immodicam greſſionem: quae vero omnia morbum, de quo nobis ſermo eſt, in iis praecipue feminis producunt, quibus peluis ampla eſt, et quae colluuie ſeroſa abundant, corporisque habitu laxo, pituitoſo, ad cachexiam prono laborant.

Sed haec hactenus. Supereſt enim, vt commendemus Clariſſ. Medicinae CANDIDATOS

IACOBVM LVDOVICVM GEBHARDT

WETTERAVIENSEM

et

GEORGIVM FRIDERIC. CHRISTIANVM FVCHS,

IENENSEM

qui quantum in litteras incubuerint, ex ipſo eorum vitae curriculo ſatis iam patet. En igitur vitae hiſtoriam ab ipſis Candidatis relatam!

Ego, Iacobus Ludouicus GEBHARDTVS *Marienbornae in praedio Wetterauienſi die* XXIIdo *Auguſti anni* CIↃIↃCCLII. *lucem*

lucem primam adſpexi. Patrem, Henr. Phil. Lud. GEBHARDTVM, *Medicum Fratrum, qui poſtea Ebersdorffiam ſe contulit, cum matre* Anna Dorothea *e gente* BEZOLDIANA, *omni qua decet pietate, adhuc veneror. Parentes iſti cariſſimi nec neglexerunt educationem, quae ſpectat ad religionem Chriſtianam, ſed etiam ad mores et eruditionem. B.* HAGEN, *Prof. Baruthenſis, praeter ceteras diſciplinas, linguam latinam, graecam et gallicam me docuit. Deinde patre optimo duce res pharmaceuticas, et poſt reditum in patriam morbos primum ſanare didici. Cum vero cognitionem meam mactare atque ampliſicare ſtuderem, lectionibus ordinariis et priuatiſſimis b.* MOLLERI, *medici et chirurgi Fratrum, praecipue chirurgicis interfui. Is enim in huius doctrinae theoria et praxi tanto ardore et ſtudio me erudiuit, quanto celebrare ſatis vix poſſum; cuius etiam ſub auſpicio multa peragere mihi licuit. Septem fere annis hic peractis anno* CIↃIↃCCLXXIV. *Tigurum in Heluetia migraui, vbi* BVRGHARDTVS, *Demonſtrator anatomiae et chirurgiae, locum ammanuenſis et chirurgici et pharmaceutici mihi demandauit vnaque doctrinas, anatomicas, chirurgicas et vinculorum applicandorum mihi tradidit, aegrotos nec minus viſitare me miſit. Vix huius viri probi in me merita collata effari poſſum. Filius eius* BVRGHARDTVS *parenti adiunctus artem obſtetriciam me docuit. Collegia pathologica, phyſiologica et materiam medicam apud Ill.* RAHNIVM *Prof. Med. virum maxime colendum audiui. Cum praeſertim mihi licitum erat, anatomiam excolere, in theatro anotomico Tigurenſi Proſector elige-bar, colloquio ibi ſolito de* variis amputationis generibus *habito ac peracto. Ceterum in Noſocomiis ibi bene inſtitutis aegros videre et ſanare grata permiſſio data erat. Hinc in patriam re-*

dii

dii ſed iuſſu et beneficio Comitis HENRICI XXIVmi *tum clementiſſime regnantis Dresdam petii, vt vſum caperem e noſocomiis militum. Quo facto doctrinis medicis et chirurgicis imbutus iterum redii et artem medicam quantum fieri potuit exercui. Denique non poſſumi, quin Clar.* SCHRADERVM *Med. Doctorem, Conſiliarium et Archiatrum domus Comitum Ebersdorfianae publice celebrem, qui me innumeris beneficiis, ſumma humanitate et conſilio optimo in aegrotis ſanandis accumulauit benigniſſime, cuius vitam Deus diu incolumen ſervet.*

Petiit nuperrime ab Ordine noſtro ſummos in arte ſalutari honores. Ad examina igitur conſueta admiſſus, bene in iis reſpondit et Ordini noſtro ita ſatisfecit, vt cathedra ei aperiretur, ex qua die x Martii diſſertationem ſuam *hiſtoriam oſteoſteatomatis maxillae feliciter curati*, Praeſide Ill. GRVNERO, Collega noſtro coniunctiſſimo, defendit, praemiisque diligentiae ornatus eſt.

II.

EGO, Georgius Fridericus Chriſtianus FVCHS, *natus ſum, Anno Domini milleſimo ſeptingenteſimo ſexageſimo, die decimo nono Auguſti in hac muſarum ſede, patre* Georgio Auguſto *Medicinae et Philoſophiae doctore, matre* Chriſtiana Eliſabetha *ex ſtirpe* KOCHIANA, *vterque iam dudum inter coelites triumphantes. Hi parentes optimi, et poſt eorum obitum rerum mearum domeſticarum tutores, nempe Ioannes Fridericus* HIRT, *olim antiſtes circuli Ienenſis, nunc antiſtes ſuperior circuli ſaxonici, et pro tempore Chriſtianus Fridericus* POLZ, *Profeſſor Philoſophiae Publicus ordinarius, viri omni pietatis cultu a me proſequendi, omnem nauarunt operam, vt non ſolum religionis praeceptis, ſed etiam*

litteris imbuerer, qua in re domeſtica inſtitutione vſus ſum, vſque ad annum decimum ſextum aetatis meae. Anno Domini milleſimo ſeptingenteſimo ſeptuageſimo quinto, in numerum ciuium academicorum a Magnifico t. t. Academiae Prorectore, Summe venerabili DANOVIO *receptus ſum. Diſciplinas logicas et metaphyſicas me docuit ſumme venerandus* POLZIVS; *venerabilis* BLASCHE *Profeſſor Theologiae extraordinarius fundamenta ſtyli me docuit; Matheſin puram, Phyſicam theoreticam experimentalem, Chemiam theoretico-experimentalem et hiſtoriam naturalem Illuſtrem* SVCCOVIVM *explicantem audiui. Interfui etiam praelectionibus b.* WALCHII *in hiſtoriam naturalem. In Matheſi applicata et Coſmologia Illuſtris* WIEDEBVRG *me erudiuit. Diſciplinas hiſtoricas* SCHMIDT *b. m. et vir Excellentiſſimus* MVELLER, *quem etiam antiquitates germanicas et Bibliothecae academicae memoratu digna explicantem audiui, me docuerunt. In anatomia b.* NEVBAVERVS *et Vir Experientiſſimus* SCHENKE *me erudierunt, cuius praelectionibus oſteologicis et botanicis etiam interfui. Phyſiologiam me docuerunt, vir Illuſtris* NICOLAI *Facultatis Medicae Senior, cuius Exercitationibus diſputatoriis etiam interfui, et Vir Excellentiſſimus* STARCKE. *Pathologiam, Semioticen, Therapiam generalem et ſpecialem, materiam medicam, Diaeteticam, hiſtoriam medicinae litterariam, methodum formulas medicas conſcribendi me docuit Vir Illuſtris* GRVNER *Diſſertationis Praeſes, cuius praelectionibus in Hippocratem et Celſum etiam interfui. Virum Excellentiſſimum* STARCKIVM *Pharmaciam, materiam medicam, artem obſtetriciam et morbos biblicos explicantem audiui. Denique etiam minime intermiſi, vt lingua gallica, anglica et italica imbuerer. Peracto ſtudiorum curſu*

anno

anno milleſimo ſeptingenteſimo et octageſimo Berolinum me contuli, vbi Illuſtrem GLEDITSCH *botanicam medicam docentem audiui, et Viri Excellentiſſimi* WALTERI *praelectionibus artis obſtetricandi, viri Excellentiſſimi* ACHARDI *praelectionibus chemiae experimentalis, Viri Excellentiſſimi* VOITI *et Viri Experientiſſimi* GOENNERI *praelectionibus chirurgicis interfui. Vt vero etiam theoriam artis obſtetricandi ad praxin applicarem, omnem moui lapidem, in Noſocomio regio Berolinenſi, quo etiam ſub virorum excellentiſſimorum* SELLII *et* VOITI *adminiculo praxi medicae me dedi. Peracto dimidio anni ſpatio me ad hanc muſarum ſedem contuli et a Gratioſa Facultate Medica petii, vt ſummorum honorum in arte medica me redderet participem.*

Meis etiam ſedulus interfuit lectionibus anatomicis et chirurgicis, meisque ſub auſpiciis cadauera humana diſſecuit.

Hiſce itaque variis ſcientiis, quae ingenium excolerent, egregie inſtructus Candidatus doctiſſimus ita ſeſe exhibuit Facultati noſtrae, vt communi ſuffragio ornaretur, ipſique aditus ad ſummos honores medicos aperiretur. Defendet igitur die XII Maii doctam ſuam diſſertationem de *febre puerperarum* ſub praeſidio Ill. GRVNERI, Collegae noſtri coniunctiſſimi, quo facto ſummi in arte ſalutari honores ipſi conferentur.

Cui igitur ſolemnitati vt MAGNIFICVS ACADEMIAE PRORECTOR, I. R. I. COMES ILLVSTRISSIMVS, PATRES ACADEMIAE CONSCRIPTI, VTRIVSQVE REIPVBLICAE PRO-

PROCERES, COMMILITONES GENEROSISSIMI ATQVE PRAENOBILISSIMI, ET SI QVI SVPERSVNT MVSARVM FAVTORES beneuole adſint, ordinis mei nomine oro rogoque.

P. P. ſub Sigillo Facultatis medicae. Ienae d. x Maii

MDCCLXXXI.